

PROJECT 10073 RECORD CARD

1. DATE <u>1 Jul 59</u>		2. LOCATION <u>Dayton, Ohio</u>		12. CONCLUSIONS <input type="checkbox"/> Was Balloon <input type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon <input type="checkbox"/> Was Aircraft <input type="checkbox"/> Probably Aircraft <input type="checkbox"/> Possibly Aircraft <input type="checkbox"/> Was Astronomical <input type="checkbox"/> Probably Astronomical <input type="checkbox"/> Possibly Astronomical <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown	
3. DATE-TIME GROUP Local <u>2155</u> GMT <u>02/0255Z</u>		4. TYPE OF OBSERVATION <input checked="" type="checkbox"/> Ground-Visual <input type="checkbox"/> Ground-Radar <input type="checkbox"/> Air-Visual <input type="checkbox"/> Air-Intercept Radar			
5. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		6. SOURCE <u>Civilian</u>			
7. LENGTH OF OBSERVATION <u>1 1/2 mins</u>		8. NUMBER OF OBJECTS <u>1</u>			
		9. COURSE <u>NE</u>			
10. BRIEF SUMMARY OF SIGHTING White light like a bright star w/slight wavering movement. Obj below clouds. Appearing as a light only. No mention of solidity.				11. COMMENTS Limited data. Possibly a reflection however no rim firm conclusion can be made. Case considered as insuffi- cient data.	

PROJECT 10073 RECORD CARD

1. DATE <u>26 Jul 59</u>	2. LOCATION <u>Dayton, Ohio</u>		12. CONCLUSIONS <input type="checkbox"/> Was Balloon <input type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon <input type="checkbox"/> Was Aircraft <input type="checkbox"/> Probably Aircraft <input type="checkbox"/> Possibly Aircraft
3. DATE-TIME GROUP Local <u>1. 2115 2. 2105</u> GMT <u>1. 27/0215Z Jul 59</u>	4. TYPE OF OBSERVATION <input checked="" type="checkbox"/> Ground-Visual <input type="checkbox"/> Ground-Radar <input type="checkbox"/> Air-Visual <input type="checkbox"/> Air-Intercept Radar		<input checked="" type="checkbox"/> Was Astronomical (<u>METEOR</u>) <input type="checkbox"/> Probably Astronomical <input type="checkbox"/> Possibly Astronomical
5. PHOTOS <u>2. 27/0205Z Jul 59</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. SOURCE <u>Civilian</u>	9. COURSE <u>descending</u>	<input type="checkbox"/> Other <input type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown
7. LENGTH OF OBSERVATION <u>1. 3-4 sec</u> <u>2. few sec</u>	8. NUMBER OF OBJECTS <u>one</u>	11. COMMENTS <u>Sighting probably meteor. Even described as meteor by witness.</u>	
10. BRIEF SUMMARY OF SIGHTING <u>1. White fire, like a meteor. plus a violet light midway of its length. Length was 6-8 times the largest diameter which was 1 1/2 times the diameter of the moon. Sharply outlined. No sound. In sight 3-4 sec. Sighted in NW.</u> <u>2. Bright greenish obj w/trail, shaped like a cucumber. Went behind trees. In sight a few sec. Sighted in W.</u>			

U. S. AIR FORCE TECHNICAL INFORMATION SHEET

This questionnaire has been prepared so that you can give the U. S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes, and will be regarded as confidential material. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that, if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

26 JULY 1959
Day Month Year

2. Time of day:

2115 APPROXIMATELY
Hour Minutes

(Circle One): A.M. or P.M.

3. Time zone:

(Circle One): a. Eastern
b. Central
c. Mountain
d. Pacific
e. Other _____

(Circle One): a. Daylight Saving
b. Standard

4. Where were you when you saw the object?

Nearest Postal Address DAYTON OHIO
City or Town State or Country
Additional remarks: IN CHURCHYARD AT UNITED MISSIONARY CHURCH AT
FAIRGREEN DRIVE (ONE BLOCK OFF SALEM AVENUE)

5. Estimate how long you saw the object.

3 TO 4
Hours Minutes Seconds

5.1 Circle one of the following to indicate how certain you are of your answer to Question 5.

a. Certain
b. Fairly certain

c. Not very sure
d. Just a guess

6. What was the condition of the sky?

(Circle One): a. Bright daylight
b. Dull daylight
c. Bright twilight

d. Just a trace of daylight
e. No trace of daylight
f. Don't remember

7. IF you saw the object during DAYLIGHT, TWILIGHT, or DAWN, where was the SUN located as you looked at the object?

(Circle One): a. In front of you
b. In back of you
c. To your right

d. To your left
e. Overhead
f. Don't remember

8. IF you saw the object, at NIGHT, TWILIGHT, or DAWN, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- ☒ a. None
b. A few
c. Many
d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
b. Dull moonlight
☒ c. No moonlight — pitch dark
d. Don't remember

9. Was the object brighter than the background of the sky?

(Circle One):

- ☒ a. Yes — SAME BRILLIANCE AS A METEOR
b. No
c. Don't remember

10. IF it was BRIGHTER THAN the sky background, was the brightness like that of an automobile headlight?:

(Circle One) a. A mile or more away (a distant car)?

b. Several blocks away?

c. A block away?

d. Several yards away?

e. Other A LOT BRIGHTER

11. Did the object:

(Circle One for each question)

- | | | | |
|---|-----|-------------------------------------|------------|
| a. Appear to stand still at any time? | Yes | <input checked="" type="radio"/> No | Don't Know |
| b. Suddenly speed up and rush away at any time? | Yes | <input checked="" type="radio"/> No | Don't Know |
| c. Break up into parts or explode? | Yes | <input checked="" type="radio"/> No | Don't Know |
| d. Give off smoke? | Yes | <input checked="" type="radio"/> No | Don't Know |
| e. Change brightness? | Yes | <input checked="" type="radio"/> No | Don't Know |
| f. Change shape? | Yes | <input checked="" type="radio"/> No | Don't Know |
| g. Flicker, throb, or pulsate? | Yes | <input checked="" type="radio"/> No | Don't Know |

1 SPEED

12. Did the object move behind something at anytime, particularly a cloud?

(Circle One):

Yes

☒ No

Don't Know.

IF you answered YES, then tell what

it moved behind: _____

13. Did the object move in front of something at anytime, particularly a cloud?

(Circle One):

Yes

☒ No

Don't Know.

IF you answered YES, then tell what

it moved in front of: _____

14. Did the object appear:

(Circle One):

☒ a. Solid?

WHITE
FIRE

b. Transparent?

c. Don't Know.

15. Did you observe the object through any of the following?

- a. Eyeglasses
b. Sun glasses
c. Windshield
d. Window glass

Yes
Yes
Yes
Yes

☒ No
☒ No
☒ No
☒ No

- e. Binoculars
f. Telescope
g. Theodolite
h. Other

Yes
Yes
Yes

☒ No
☒ No
☒ No

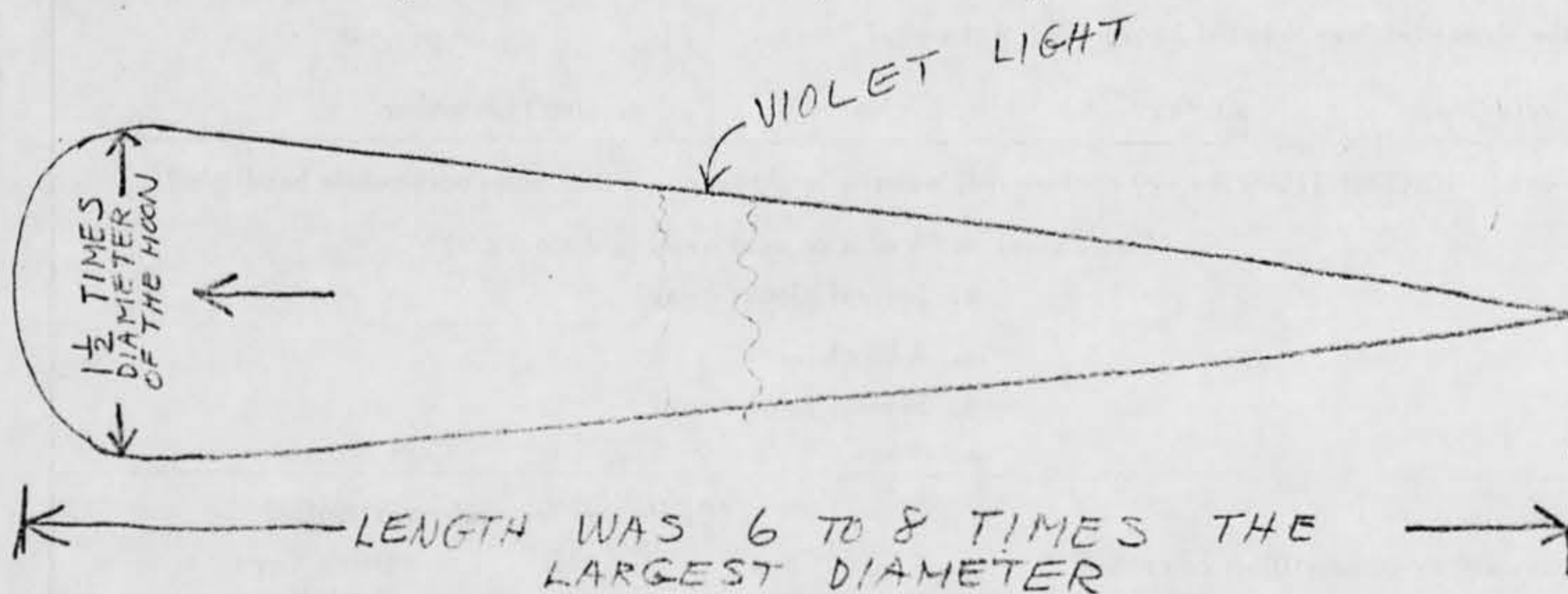
WITH NAKED EYES

16. Tell in a few words the following things about the object.

a. Sound NONE

b. Color WHITE FIRE LIKE A METEOR PLUS VIOLET LIGHT
MIDWAY OF ITS LENGTH

17. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.



18. The edges of the object were:

- (Circle One):
- a. Fuzzy or blurred
 - b. Like a bright star
 - ☒ c. Sharply outlined
 - d. Don't remember

e. Other _____

19. IF there was MORE THAN ONE object, then how many were there? ONLY ONE
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

20. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

FIRST SAW IT BETWEEN TREES ACROSS THE STREET AND IT THEN WENT DOWN BEHIND THE TREES.

21. IF POSSIBLE, try to guess or estimate what the real size of the object was in its longest dimension.

_____ feet. MIGHT ESTIMATE IF AT THE SCENE AGAIN

22. How large did the object or objects appear as compared with one of the following objects held in the hand and at about arm's length?

(Circle One):

- a. Head of a pin
- b. Pea
- c. Dime
- d. Nickel
- e. Quarter
- f. Half dollar

- g. Silver dollar
- h. Baseball
- i. Grapefruit
- j. Basketball
- k. Other

1 1/2 TIMES SIZE OF MOON

- 22.1 (Circle One of the following to indicate how certain you are of your answer to Question 22.

- ☒ a. Certain - POSITIVE
- b. Fairly certain

- c. Not very sure
- d. Uncertain

23. How did the object or objects disappear from view? BELOW THE TREES ACROSS THE STREET - - - - - APPEARED TO BE APPROXIMATELY ONE MILE AWAY

24. In order that you can give as clear a picture as possible of what you saw, we would like for you to imagine that you could construct the object that you saw. Of what type material would you make it? How large would it be, and what shape would it have? Describe in your own words a common object or objects which when placed up in the sky would give the same appearance as the object which you saw.

25. Where were you located when you saw the object?
(Circle One):

- a. Inside a building
- b. In a car
- ☒ c. Outdoors
- d. In an airplane
- e. At sea
- f. Other _____

26. Were you (Circle One)

- a. In the business section of a city?
- ☒ b. In the residential section of a city?
- c. In open countryside?
- d. Flying near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other _____

27. What were you doing at the time you saw the object, and how did you happen to notice it?

TALKING TO OTHER PERSONS AND LOOKED UP
AND SAW IT.

28. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

28.1 What direction were you moving? (Circle One)

- | | | | |
|--------------|--------------|--------------|--------------|
| a. North | c. East | e. South | g. West |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

28.2 How fast were you moving? _____ miles per hour.

28.3 Did you stop at any time while you were looking at the object?

(Circle One) Yes No

29. What direction were you looking when you first saw the object? (Circle One)

- | | | | |
|--------------|--------------|--------------|---|
| a. North | c. East | e. South | g. West |
| b. Northeast | d. Southeast | f. Southwest | <input checked="" type="radio"/> h. Northwest |

30. What direction were you looking when you last saw the object? (Circle One)

- | | | | |
|--------------|--------------|--------------|---|
| a. North | c. East | e. South | g. West |
| b. Northeast | d. Southeast | f. Southwest | <input checked="" type="radio"/> h. Northwest |

31. If you are familiar with bearing terms (angular direction), try to estimate the number of degrees the object was from true North and also the number of degrees it was upward from the horizon (elevation).

31.1 When it first appeared:

- a. From true North _____ degrees.
- b. From horizon _____ degrees.

CAN BE ESTABLISHED
AT THE SCENE

31.2 When it disappeared:

- a. From true North _____ degrees.
- b. From horizon _____ degrees.

34. What were the weather conditions at the time you saw the object?

34.1 CLOUDS (Circle One)

- a. Clear sky
- b. Hazy
- ☒ c. Scattered clouds
- d. Thick or heavy clouds
- e. Don't remember

34.2 WIND (Circle One)

- ☒ a. No wind
- b. Slight breeze
- c. Strong wind
- d. Don't remember

34.3 WEATHER (Circle One)

- ☒ a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

34.4 TEMPERATURE (Circle One)

- a. Cold
- ☒ b. Cool
- c. Warm
- d. Hot
- e. Don't remember

35. When did you report to some official that you had seen the object?

27 JULY 1959 AT 16:30
Day Month Year (THIS IS FIRST REPORT)

36. Was anyone else with you at the time you saw the object?

(Circle One) ☒ Yes No WIFE AND OTHERS

36.1 IF you answered YES, did they see the object too?

(Circle One) ☒ Yes No

36.2 Please list their names and addresses:

CAN NOT QUOTE NAMES NOW, BUT CAN
GET THEM LATER.

37. Was this the first time that you had seen an object or objects like this?

(Circle One) ☒ Yes No

37.1 IF you answered NO, then when, where, and under what circumstances did you see other ones?

38. In your opinion what do you think the object was and what might have caused it?

A SATELLITE -- THE FRONT PART WAS A
PERFECT HALF SPHERE

39. Do you think you can estimate the speed of the object?

(Circle One)

Yes

No

LIKE A HIGH JET PLANE
(SLOWER THAN A METEOR)

IF you answered YES, then what speed would you estimate?

_____ m.p.h.

40. Do you think you can estimate how far away from you the object was?

(Circle One)

Yes

No

IF you answered YES, then how far away would you say it was? ONE MILE feet.

41. Please give the following information about yourself:

NAME

_____ Last Name

_____ First Name

_____ Middle Name

(INITIALS ONLY)

ADDRESS

_____ Street

DAYTON City

_____ Zone

OHIO State

HOME

TELEPHONE NUMBER BUSINESS

What is your present job?

DIE CASTING (IN BUSINESS FOR SELF) EQUIPMENT DESIGNING

Age

43

Sex

MALE

Please indicate any special educational training that you have had.

a. Grade school _____

e. e. Technical school _____

b. High school THRU FRESHMAN

(Type) _____

c. College _____

f. Other special training _____

d. Post graduate _____

42. Date you completed this questionnaire:

27
Day

JULY
Month

1959
Year

AT 17:00

TAKEN BY PHONE BY ATIC DUTY OFFICER

This questionnaire has been prepared so that you can give the U. S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes, and will be regarded as confidential material. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that, if it is deemed necessary, we may contact you for further details.

ATIC FORM NO. 164 (13 OCT 54)

8. IF you saw the object, at NIGHT, TWILIGHT, or DAWN, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. A few
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- c. No moonlight — pitch dark
- d. Don't remember

9. Was the object brighter than the background of the sky?

(Circle One): a. Yes b. No c. Don't remember

10. IF it was BRIGHTER THAN the sky background, was the brightness like that of an automobile headlight?:

(Circle One) a. A mile or more away (a distant car)?

b. Several blocks away?

c. A block away?

d. Several yards away?

e. Other

Bright greenish

11. Did the object:

(Circle One for each question)

- | | | | |
|---|-----|-------------------------------------|------------|
| a. Appear to stand still at any time? | Yes | <input checked="" type="radio"/> No | Don't Know |
| b. Suddenly speed up and rush away at any time? | Yes | <input checked="" type="radio"/> No | Don't Know |
| c. Break up into parts or explode? | Yes | <input checked="" type="radio"/> No | Don't Know |
| d. Give off smoke? | Yes | <input checked="" type="radio"/> No | Don't Know |
| e. Change brightness? | Yes | <input checked="" type="radio"/> No | Don't Know |
| f. Change shape? | Yes | <input checked="" type="radio"/> No | Don't Know |
| g. Flicker, throb, or pulsate? | Yes | <input checked="" type="radio"/> No | Don't Know |

12. Did the object move behind something at anytime, particularly a cloud?

(Circle One): Yes ☒ No ☒ Don't Know. IF you answered YES, then tell what it moved behind: _____

behind trees

13. Did the object move in front of something at anytime, particularly a cloud?

(Circle One): Yes ☒ No ☒ Don't Know. IF you answered YES, then tell what it moved in front of: _____

14. Did the object appear: (Circle One): a. Solid? b. Transparent? c. Don't Know.

15. Did you observe the object through any of the following?

- | | | | | | |
|-----------------|-----|----|----------------|-----|----|
| a. Eyeglasses | Yes | No | e. Binoculars | Yes | No |
| b. Sun glasses | Yes | No | f. Telescope | Yes | No |
| c. Windshield | Yes | No | g. Theodolite | Yes | No |
| d. Window glass | Yes | No | h. Other _____ | | |

4E4

U. S. AIR FORCE TECHNICAL INFORMATION SHEET

This questionnaire has been prepared so that you can give the U. S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes, and will be regarded as confidential material. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that, if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

1 July 59
Day Month Year

2. Time of day: 2155

Hour Minutes

(Circle One): A.M. or ~~P.M.~~

3. Time zone:

(Circle One): ~~a.~~ Eastern
b. Central
c. Mountain
d. Pacific
e. Other _____

(Circle One): a. Daylight Saving
b. Standard

4. Where were you when you saw the object?

on [redacted] Dayton Ohio
Nearest Postal Address City or Town State or Country

Additional remarks: _____

5. Estimate how long you saw the object.

Hours

Minutes 1 1/2

Seconds

5.1 Circle one of the following to indicate how certain you are of your answer to Question 5.

~~a.~~ Certain
b. Fairly certain

c. Not very sure
d. Just a guess

6. What was the condition of the sky?

(Circle One): a. Bright daylight
b. Dull daylight
c. Bright twilight

d. Just a trace of daylight
e. No trace of daylight
f. Don't remember

cloudy

7. IF you saw the object during DAYLIGHT, TWILIGHT, or DAWN, where was the SUN located as you looked at the object?

(Circle One): a. In front of you
b. In back of you
c. To your right

d. To your left
e. Overhead
f. Don't remember

16. Tell in a few words the following things about the object.

a. Sound None

b. Color Bright greenish

17. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.

18. The edges of the object were:

- (Circle One):
- a. Fuzzy or blurred
 - b. Like a bright star
 - c. Sharply outlined
 - d. Don't remember

e. Other

bright at the point
+ trail off to tail

19. IF there was MORE THAN ONE object, then how many were there? _____
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

20. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

21. IF POSSIBLE, try to guess or estimate what the real size of the object was in its longest dimension.

2 feet. (15 inches 300 yds away)

22. How large did the object or objects appear as compared with one of the following objects held in the hand and at about arm's length?

(Circle One):

- a. Head of a pin
- b. Pea
- c. Dime
- d. Nickel
- e. Quarter
- f. Half dollar

- g. Silver dollar
- h. Baseball
- i. Grapefruit
- j. Basketball
- k. Other _____

shaped like a cucumber - 300 yds

22.1 (Circle One of the following to indicate how certain you are of your answer to Question 22.

- a. Certain
- b. Fairly certain

- c. Not very sure
- d. Uncertain

23. How did the object or objects disappear from view?

Behind trees in field - the
observers drove their car up the road to end of it and
a fire but more time was

24. In order that you can give as clear a picture as possible of what you saw, we would like for you to imagine that you could construct the object that you saw. Of what type material would you make it? How large would it be, and what shape would it have? Describe in your own words a common object or objects which when placed up in the sky would give the same appearance as the object which you saw.

34. What were the weather conditions at the time you saw the object?

34.1 CLOUDS (Circle One)

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds
- e. Don't remember

34.2 WIND (Circle One)

- a. No wind
- b. Slight breeze
- c. Strong wind
- d. Don't remember

34.3 WEATHER (Circle One)

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

34.4 TEMPERATURE (Circle One)

- a. Cold
- b. Cool
- c. Warm
- d. Hot
- e. Don't remember

35. When did you report to some official that you had seen the object?

26 JULY 1959
Day Month Year

36. Was anyone else with you at the time you saw the object?

(Circle One) Yes No

36.1 IF you answered YES, did they see the object too?

(Circle One) Yes No

36.2 Please list their names and addresses:

[REDACTED]
[REDACTED] DAYTON, OHIO

37. Was this the first time that you had seen an object or objects like this?

(Circle One) Yes No

37.1 IF you answered NO, then when, where, and under what circumstances did you see other ones?

38. In your opinion what do you think the object was and what might have caused it?

None - DON'T KNOW

25. Where were you located when you saw the object?
(Circle One):

- a. Inside a building
- b. In a car
- c. Outdoors
- d. In an airplane
- e. At sea
- f. Other sitting on front steps

26. Were you (Circle One)

- a. In the business section of a city?
- b. In the residential section of a city?
- c. In open countryside?
- d. Flying near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other _____

27. What were you doing at the time you saw the object, and how did you happen to notice it?

sitting on front porch

28. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

28.1 What direction were you moving? (Circle One)

- | | | | |
|--------------|--------------|--------------|--------------|
| a. North | c. East | e. South | g. West |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

28.2 How fast were you moving? _____ miles per hour.

28.3 Did you stop at any time while you were looking at the object?

(Circle One) Yes No

29. What direction were you looking when you first saw the object? (Circle One)

- | | | | |
|--------------|--------------|--------------|----------------|
| a. North | c. East | e. South | g. <u>West</u> |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

30. What direction were you looking when you last saw the object? (Circle One)

- | | | | |
|--------------|--------------|--------------|----------------|
| a. North | c. East | e. South | g. <u>West</u> |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

31. If you are familiar with bearing terms (angular direction), try to estimate the number of degrees the object was from true North and also the number of degrees it was upward from the horizon (elevation).

31.1 When it first appeared:

- a. From true North _____ degrees.
- b. From horizon _____ degrees.

31.2 When it disappeared:

- a. From true North _____ degrees.
- b. From horizon _____ degrees.

39. Do you think you can estimate the speed of the object?

(Circle One) Yes No

IF you answered YES, then what speed would you estimate?

Slower than falling star
falling m.p.h.

40. Do you think you can estimate how far away from you the object was?

(Circle One) Yes No

IF you answered YES, then how far away would you say it was?

900 feet.

41. Please give the following information about yourself:

NAME

Last Name

First Name

Middle Name

ADDRESS

Street

City

Zone

State

TELEPHONE NUMBER

What is your present job?

STAIR DOOR & WINDOW INSTALLER

Age

35

Sex

MALE

Please indicate any special educational training that you have had.

a. Grade school

e. e. Technical school

b. High school

(Type)

c. College

f. Other special training

d. Post graduate

*3 1/2 yrs in
Robotics & Electronics*

42. Date you completed this questionnaire:

Day

Month

Year

PROJECT 10073 RECORD CARD

1. DATE <u>28 Jul 59</u>		2. LOCATION <u>Dayton, Ohio</u>		12. CONCLUSIONS <input type="checkbox"/> Was Balloon <input type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon <input type="checkbox"/> Was Aircraft <input type="checkbox"/> Probably Aircraft <input type="checkbox"/> Possibly Aircraft <input type="checkbox"/> Was Astronomical <input type="checkbox"/> Probably Astronomical <input type="checkbox"/> Possibly Astronomical <input checked="" type="checkbox"/> Other <u>Spotlight</u> <input type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown	
3. DATE-TIME GROUP Local <u>2200</u> GMT <u>290300Z Jul 59</u>		4. TYPE OF OBSERVATION <input checked="" type="checkbox"/> Ground-Visual <input type="checkbox"/> Ground-Radar <input type="checkbox"/> Air-Visual <input type="checkbox"/> Air-Intercept Radar			
5. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		6. SOURCE <u>Civilian</u>			
7. LENGTH OF OBSERVATION <u>30 mins</u>		8. NUMBER OF OBJECTS <u>1</u>		9. COURSE <u>varied</u>	
10. BRIEF SUMMARY OF SIGHTING Egg-shaped light, size of a bushel basket. Remained on for 30 sec, went off, then came on again in a different spot in the sky each time. In sight for 30 min.				11. COMMENTS Spot of light appearing & disappearing & reappearing in different locations. Probably reflection of spotlight.	

4/E4/G

U. S. AIR FORCE TECHNICAL INFORMATION SHEET

This questionnaire has been prepared so that you can give the U. S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes, and will be regarded as confidential material. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that, if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

28 JULY 57
Day Month Year

2. Time of day: 1000

Hour

Minutes

(Circle One):

A.M.

or

P.M.

3. Time zone:

(Circle One):

- a. Eastern
- b. Central
- c. Mountain
- d. Pacific
- e. Other _____

(Circle One):

- a. Daylight Saving
- b. Standard

4. Where were you when you saw the object?

[REDACTED]
Nearest Postal Address

DAYTON
City or Town

State or Country

Additional remarks: _____

5. Estimate how long you saw the object.

10
Hours

Minutes

Seconds

5.1 Circle one of the following to indicate how certain you are of your answer to Question 5.

a. Certain

b. Fairly certain

c. Not very sure

d. Just a guess

6. What was the condition of the sky?

(Circle One):

- a. Bright daylight
- b. Dull daylight
- c. Bright twilight

d. Just a trace of daylight

e. No trace of daylight

f. Don't remember

7. IF you saw the object during DAYLIGHT, TWILIGHT, or DAWN, where was the SUN located as you looked at the object?

(Circle One):

- a. In front of you
- b. In back of you
- c. To your right

d. To your left

e. Overhead

f. Don't remember

8. IF you saw the object, at NIGHT, TWILIGHT, or DAWN, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- ☒ b. A few
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- ☒ c. No moonlight — pitch dark
- d. Don't remember

9. Was the object brighter than the background of the sky?

(Circle One):

☒ a. Yes

b. No

c. Don't remember

10. IF it was BRIGHTER THAN the sky background, was the brightness like that of an automobile headlight?:

(Circle One) ☒ a. A mile or more away (a distant car)?

b. Several blocks away?

c. A block away?

d. Several yards away?

e. Other

11. Did the object:

(Circle One for each question)

- | | | | |
|--|--------------------------------------|-------------------------------------|------------|
| a. Appear to stand still at any time? | Yes | <input checked="" type="radio"/> No | Don't Know |
| b. Suddenly speed up and rush away at any time? | Yes | <input checked="" type="radio"/> No | Don't Know |
| c. Break up into parts or explode? | Yes | <input checked="" type="radio"/> No | Don't Know |
| d. Give off smoke? | Yes | <input checked="" type="radio"/> No | Don't Know |
| <input checked="" type="radio"/> e. Change brightness? | Yes | <input checked="" type="radio"/> No | Don't Know |
| f. Change shape? | <input checked="" type="radio"/> Yes | <input checked="" type="radio"/> No | Don't Know |
| g. Flicker, throb, or pulsate? | Yes | <input checked="" type="radio"/> No | Don't Know |

12. Did the object move behind something at anytime, particularly a cloud?

(Circle One):

☒ Yes

No

Don't Know.

IF you answered YES, then tell what

it moved behind: _____

13. Did the object move in front of something at anytime, particularly a cloud?

(Circle One):

Yes

☒ No

Don't Know.

IF you answered YES, then tell what

it moved in front of: _____

14. Did the object appear: (Circle One):

a. Solid?

☒ b. Transparent?

c. Don't Know.

15. Did you observe the object through any of the following?

- | | | | | | |
|-----------------|-----|-------------------------------------|----------------|-----|-------------------------------------|
| a. Eyeglasses | Yes | <input checked="" type="radio"/> No | e. Binoculars | Yes | <input checked="" type="radio"/> No |
| b. Sun glasses | Yes | <input checked="" type="radio"/> No | f. Telescope | Yes | <input checked="" type="radio"/> No |
| c. Windshield | Yes | <input checked="" type="radio"/> No | g. Theodolite | Yes | <input checked="" type="radio"/> No |
| d. Window glass | Yes | <input checked="" type="radio"/> No | h. Other _____ | | |

16. Tell in a few words the following things about the object.

a. Sound NO

b. Color LIGHT

17. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.

*fight egg shape - no vail
2000 - seen to be going behind clouds.*

18. The edges of the object were:

- (Circle One):
- a. ☒ Fuzzy or blurred
 - b. ☐ Like a bright star
 - c. ☐ Sharply outlined
 - d. ☐ Don't remember

Center is bright
e. Other _____

19. IF there was MORE THAN ONE object, then how many were there? just one
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

20. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

21. IF POSSIBLE, try to guess or estimate what the real size of the object was in its longest dimension.
200 feet.

22. How large did the object or objects appear as compared with one of the following objects held in the hand and at about arm's length?

(Circle One):

- a. Head of a pin
- b. Pea
- c. Dime
- d. Nickel
- e. Quarter
- f. Half dollar

- g. Silver dollar
- h. Baseball
- i. Grapefruit
- j. Basketball
- k. Other Basketball

22.1 (Circle One of the following to indicate how certain you are of your answer to Question 22.)

- ☒ a. Certain
- b. Fairly certain

- c. Not very sure
- d. Uncertain

23. How did the object or objects disappear from view?

STILL THERE

24. In order that you can give as clear a picture as possible of what you saw, we would like for you to imagine that you could construct the object that you saw. Of what type material would you make it? How large would it be, and what shape would it have? Describe in your own words a common object or objects which when placed up in the sky would give the same appearance as the object which you saw.

8. IF you saw the object, at NIGHT, TWILIGHT, or DAWN, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. A few
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- c. No moonlight — pitch dark
- d. Don't remember

9. Was the object brighter than the background of the sky?

(Circle One): ☒ Yes b. No c. Don't remember

10. IF it was BRIGHTER THAN the sky background, was the brightness like that of an automobile headlight?:

- (Circle One) a. A mile or more away (a distant car)?
 b. Several blocks away?
 c. A block away?
 d. Several yards away?
 e. Other

Bright Star

11. Did the object: *moving but slightly waning* (Circle One for each question)

- | | | | |
|---|-----|----|------------|
| a. Appear to stand still at any time? | Yes | No | Don't Know |
| b. Suddenly speed up and rush away at any time? | Yes | No | Don't Know |
| c. Break up into parts or explode? | Yes | No | Don't Know |
| d. Give off smoke? | Yes | No | Don't Know |
| e. Change brightness? | Yes | No | Don't Know |
| f. Change shape? | Yes | No | Don't Know |
| g. Flicker, throb, or pulsate? | Yes | No | Don't Know |

12. Did the object move behind something at anytime, particularly a cloud?

(Circle One): Yes ☒ No Don't Know. IF you answered YES, then tell what it moved behind: _____

13. Did the object move in front of something at anytime, particularly a cloud?

(Circle One): Yes No Don't Know. IF you answered YES, then tell what it moved in front of: *Below clouds*

14. Did the object appear: (Circle One): a. Solid? *just light* b. Transparent? c. Don't Know.

15. Did you observe the object through any of the following?

- | | | | | | |
|-----------------|-----|----|----------------|-----|----|
| a. Eyeglasses | Yes | No | e. Binoculars | Yes | No |
| b. Sun glasses | Yes | No | f. Telescope | Yes | No |
| c. Windshield | Yes | No | g. Theodolite | Yes | No |
| d. Window glass | Yes | No | h. Other _____ | | |

Base Eyes

25. Where were you located when you saw the object?
(Circle One):

- a. Inside a building
- b. In a car
- c. Outdoors
- d. In an airplane
- e. At sea
- f. Other _____

26. Were you (Circle One)

- a. In the business section of a city?
- b. In the residential section of a city?
- c. In open countryside?
- d. Flying near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other _____

27. What were you doing at the time you saw the object, and how did you happen to notice it?

SITTING & just looking UP

28. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

28.1 What direction were you moving? (Circle One)

- | | | | |
|--------------|--------------|--------------|--------------|
| a. North | c. East | e. South | g. West |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

28.2 How fast were you moving? _____ miles per hour.

28.3 Did you stop at any time while you were looking at the object?

(Circle One) Yes No

29. What direction were you looking when you first saw the object? (Circle One)

- | | | | |
|--------------|--------------|--------------|--------------|
| a. North | c. East | e. South | g. West |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

30. What direction were you looking when you last saw the object? (Circle One)

- | | | | |
|--------------|--------------|--------------|--------------|
| a. North | c. East | e. South | g. West |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

31. If you are familiar with bearing terms (angular direction), try to estimate the number of degrees the object was from true North and also the number of degrees it was upward from the horizon (elevation).

31.1 When it first appeared:

- a. From true North 80° degrees.
- b. From horizon 70 degrees.

31.2 When it disappeared:

- a. From true North _____ degrees.
- b. From horizon _____ degrees.

34. What were the weather conditions at the time you saw the object?

34.1 CLOUDS (Circle One)

- a. Clear sky
- b. Hazy
- ☒ c. Scattered clouds
- d. Thick or heavy clouds
- e. Don't remember

34.2 WIND (Circle One)

- ☒ a. No wind
- b. Slight breeze
- c. Strong wind
- d. Don't remember

34.3 WEATHER (Circle One)

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

34.4 TEMPERATURE (Circle One)

- a. Cold
- b. Cool
- ☒ c. Warm
- d. Hot
- e. Don't remember

35. When did you report to some official that you had seen the object?

_____ Day _____ Month _____ Year

36. Was anyone else with you at the time you saw the object?

(Circle One) ☒ Yes ☐ No

36.1 IF you answered YES, did they see the object too?

(Circle One) ☒ Yes ☐ No

36.2 Please list their names and addresses:

~~Principal~~
~~(Sister)~~

37. Was this the first time that you had seen an object or objects like this?

(Circle One) ☒ Yes ☐ No

37.1 IF you answered NO, then when, where, and under what circumstances did you see other ones?

38. In your opinion what do you think the object was and what might have caused it?

None

39. Do you think you can estimate the speed of the object?

(Circle One)

Yes

No

IF you answered YES, then what speed would you estimate?

_____ m.p.h.

40. Do you think you can estimate how far away from you the object was?

(Circle One)

Yes

No

IF you answered YES, then how far away would you say it was?

8000 feet.

41. Please give the following information about yourself:

NAME

_____ Last Name

_____ First Name

_____ Middle Name

ADDRESS

_____ Street

_____ City

_____ Zone

_____ State

TELEPHONE NUMBER

What is your present job?

UNEMPLOYED

Age

22

Sex

M

Please indicate any special educational training that you have had.

a. Grade school _____

e. e. Technical school _____

b. High school _____

(Type) _____

c. College 3 yrs

f. Other special training _____

d. Post graduate _____

06/10

U.

42. Date you completed this questionnaire:

_____ Day

_____ Month

_____ Year

U. S. AIR FORCE TECHNICAL INFORMATION SHEET
(SUMMARY DATA)

In order that your information may be filed and coded as accurately as possible, please use the following space to write out a short description of the event that you observed. You may repeat information that you have already given in the questionnaire, and add any further comments, statements, or sketches that you believe are important. Try to present the details of the observation in the order in which they occurred. Additional pages of the same size paper may be attached if they are needed.

NAME _____
(Please Print)

(Do Not Write in This Space)

CODE:

SIGNATURE _____

DATE _____

Light coming on for 30 seconds
goes off then comes on again.
It now is a different spot
in the sky each time.

16. Tell in a few words the following things about the object.

a. Sound — No

b. Color white

17. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.

18. The edges of the object were:

- (Circle One): a. Fuzzy or blurred
☒ b. Like a bright star
c. Sharply outlined
d. Don't remember

e. Other _____

19. IF there was MORE THAN ONE object, then how many were there? only one
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

20. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

21. IF POSSIBLE, try to guess or estimate what the real size of the object was in its longest dimension.
_____ feet. *only one light on object*

22. How large did the object or objects appear as compared with one of the following objects held in the hand and at about arm's length?

(Circle One):

- a. Head of a pin
- b. Pea
- c. Dime
- d. Nickel
- e. Quarter
- f. Half dollar

- g. Silver dollar
- h. Baseball
- i. Grapefruit
- j. Basketball
- k. Other _____

- 22.1 (Circle One of the following to indicate how certain you are of your answer to Question 22.

- a. Certain
- b. Fairly certain
- c. Not very sure
- d. Uncertain

23. How did the object or objects disappear from view?

Behind buildings

24. In order that you can give as clear a picture as possible of what you saw, we would like for you to imagine that you could construct the object that you saw. Of what type material would you make it? How large would it be, and what shape would it have? Describe in your own words a common object or objects which when placed up in the sky would give the same appearance as the object which you saw.

25. Where were you located when you saw the object?
(Circle One):

- a. Inside a building
- b. In a car
- ☒ c. Outdoors
- d. In an airplane
- e. At sea
- f. Other _____

26. Were you (Circle One)

- a. In the business section of a city?
- b. In the residential section of a city?
- c. In open countryside?
- d. Flying near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other _____

27. What were you doing at the time you saw the object, and how did you happen to notice it?

standing on street corner - just looked up
waiting for brother

28. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

28.1 What direction were you moving? (Circle One)

- | | | | |
|--------------|--------------|--------------|--------------|
| a. North | c. East | e. South | g. West |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

28.2 How fast were you moving? _____ miles per hour.

28.3 Did you stop at any time while you were looking at the object?

(Circle One) Yes No

29. What direction were you looking when you first saw the object? (Circle One)

- | | | | |
|---|--------------|--------------|--------------|
| a. North | c. East | e. South | g. West |
| <input checked="" type="radio"/> b. Northeast | d. Southeast | f. Southwest | h. Northwest |

30. What direction were you looking when you last saw the object? (Circle One)

- | | | | |
|---|--------------|--------------|--------------|
| a. North | c. East | e. South | g. West |
| <input checked="" type="radio"/> b. Northeast | d. Southeast | f. Southwest | h. Northwest |

31. If you are familiar with bearing terms (angular direction), try to estimate the number of degrees the object was from true North and also the number of degrees it was upward from the horizon (elevation).

31.1 When it first appeared:

- a. From true North _____ degrees.
- b. From horizon _____ degrees.

31.2 When it disappeared:

- a. From true North _____ degrees.
- b. From horizon _____ degrees.

10-15° East of Wayne

34. What were the weather conditions at the time you saw the object?

34.1 CLOUDS (Circle One)

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- ☒ d. Thick or heavy clouds
- e. Don't remember

34.2 WIND (Circle One)

- a. No wind
- b. Slight breeze
- c. Strong wind
- d. Don't remember

34.3 WEATHER (Circle One)

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

34.4 TEMPERATURE (Circle One)

- a. Cold
- b. Cool
- ☒ c. Warm
- d. Hot
- e. Don't remember

35. When did you report to some official that you had seen the object?

Day

Month

Year

36. Was anyone else with you at the time you saw the object?

(Circle One) Yes

☒ No

36.1 IF you answered YES, did they see the object too?

(Circle One) Yes

No

36.2 Please list their names and addresses:

37. Was this the first time that you had seen an object or objects like this?

(Circle One) Yes

No

37.1 IF you answered NO, then when, where, and under what circumstances did you see other ones?

38. In your opinion what do you think the object was and what might have caused it?

39. Do you think you can estimate the *speed* of the object?

(Circle One) Yes No

IF you answered YES, then what speed would you estimate? _____ m.p.h.

40. Do you think you can estimate how far away from you the object was?

(Circle One) Yes No

IF you answered YES, then how far away would you say it was? _____ feet.

41. Please give the following information about yourself:

NAME _____
Last Name First Name Middle Name

ADDRESS _____
Street
City
Zone
State

TELEPHONE NUMBER _____

What is your present job? _____

Age _____ Sex _____

Please indicate any special educational training that you have had.

a. Grade school _____ e. e. Technical school _____

b. High school _____ (Type) _____

c. College _____ f. Other special training _____

d. Post graduate _____



42. Date you completed this questionnaire:

Day Month Year

U. S. AIR FORCE TECHNICAL INFORMATION SHEET
(SUMMARY DATA)

In order that your information may be filed and coded as accurately as possible, please use the following space to write out a short description of the event that you observed. You may repeat information that you have already given in the questionnaire, and add any further comments, statements, or sketches that you believe are important. Try to present the details of the observation in the order in which they occurred. Additional pages of the same size paper may be attached if they are needed.

NAME


(Please Print)


(Do Not Write in This Space)

CODE:

SIGNATURE

DATE